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ABSTRACT

There has been considerable variation in reports of how much people know about Acquired Immune Deficiency Syndrome (AIDS). This study explored empathy towards persons with AIDS. The first part of the study involved pretesting subjects on two scales. Data were collected from 125 male and 125 female college students. A factor analysis revealed there were three factors highly influencing empathy: social rights, willingness to help, and true empathy. In the second phase of the experiment, six vignettes were created, each of which described a character who had somehow contracted AIDS. Two vignettes focused on children, and the other four on adults, two men and two women. Two vignettes suggested that the character with AIDS had contracted it through some sexual relationship, and two featured adults who likely had contracted AIDS through intravenous drug use. A seventh group received commentary on homosexual men and their sexual behaviors as homosexuals. The final group served as a control group. All groups completed the knowledge of AIDS test, the empathy inventory, and the Index of Homophobia Profile. The results indicated that correlations between knowledge of AIDS, empathy for persons with AIDS and the Index of Homophobia Profile were significant. High homophobia was significantly associated with lower knowledge about AIDS and less empathy for persons with AIDS. Knowledge and empathy were positively associated with each other. (ABL)

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THE INFLUENCE OF HOMOPHOBIA AND KNOWLEDGE ON AIDS ON EMPATHY FOR PERSONS WITH AIDS

Paper presented at the XXII Annual Meeting of the American Association of Sex Educators, Counselors, and Therapists

19 February, 1990

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THE INFLUENCE OF HOMOPHOBIA AND KNOWLEDGE OF AIDS
ON EMPATHY FOR PERSONS WITH AIDS

Good afternoon. My name is Andy Walters. I am a doctoral student in developmental psychology at The University of Georgia. My primary research interest is in the area of sex research. I'd like to give you a little history behind this study. The particular research I'd like to present today stems from my observations in the transition of my first year living in the Southeast. I am originally from the North, and my experiences with diversity, appreciation of differences and confronting oppression (be that sexism, racism, anti-Semitism, or homophobia) were very different from the experiences I found awaiting me in Georgia. I received my Master's degree from The Ohio State University, which although some classify as a Midwestern university, I found Ohio State to be very progressive in terms of minority issues. In any event, my first year in Georgia was very challenging. It provided me first-hand experience with a population whom I had not previously worked or lived and generated for me some new research ideas.

At The University of Georgia I teach a class in human sexuality. Some of you might respond, "Big Deal." But in Georgia to teach a class in sexuality is to set the odds of community support against you. I am known across campus and whispered about at the campus bus stops not as the man who

challenges us with new ideas or makes all the jokes in the introductory psychology classes, but the one that teaches " . . . . that class, you know . . . where they watch the movies." As a consequence of my role as sex teacher, I became involved with a peer education program offered through the University Health Service. I travel around to various residence halls and sororities/fraternities and facilitate programs on AIDS and sexual health.

Both in my classes and through these evening programs, I began to perceive my audiences withdraw from me when I brought up the transmissions routes of AIDS. In particular, students became very defensive at even the word **homosexual**. For the first couple of programs I thought little of this and attributed the students' uneasiness to the candid discussions of sex which, I was told, was not typically in their repertoire of experience. On about my fourth presentation a woman stood up and asked if she could address me. She said that she came to the program because she wanted to learn about AIDS, and that she was glad that I agreed to facilitate the program, but she did not want to hear about homosexuals. She asked me if I planned to continue discussing "them," because if I did she wanted to leave the room.

To be honest, I was surprised that a student was so assertive. I responded that I really didn't see how I could discuss AIDS without discussing the group that had originally been hit the worst by it. I followed up by stating that she and her friends as heterosexuals were at an advantage in that they could learn from the gay community how to adopt new standards of socially sanctioned sex, and discussing sexual health with

potential or current sexual partners. The woman chose to leave the room.

It was then I consciously began to look for and target against the degree to which homophobia would influence any learning about AIDS or other issues related to sexuality. It seemed possible to me that the possibility for learning was thwarted because of the homophobia present in so many University of Georgia students. I began to wonder if the homophobia was creating resistance to learning about AIDS. Georgia students can detach themselves from the gay meccas of the United States, but if they choose to behave sexually in the 1990s, they then have a responsibility to themselves and to their partners to be knowledgeable about AIDS.

Acquired Immunodeficiency Syndrome (AIDS) is a medical condition wherein a virus (HIV--the human immunodeficiency virus) outside of and non-naturally produced in the body comes in contact with blood and reproduces itself against the natural immune system. The T4 cells or "helper" white blood cells cannot adequately fight this virus or immune the body to it prior to or post inoculation. Consequently, the immune system fights a losing battle and is left imperilous to a variety of viral infections, cancers, and parasites. These, in turn, leave an organism with HIV helpless to most medical treatments and to an almost certain early death.

Although there were few cases of AIDS reported during the early years of its recognition (1980-1982), it has since progressed into epidemic proportions. Accompanying the medical epidemic is an epidemic of fear (Fettner and Check, 1984). Some

fear for a lethal medical condition which has no cure is natural. But exaggerated fear has led to discrimination, violence and hatred toward IV drug users, cultural minorities and homosexual/bisexual men. It is these groups who, in the height of the fear epidemic, comprised the largest portion of persons with AIDS (PWAs).

There has been considerable variation in reports of how much people know about AIDS. Price, Desmond, and Kukukla (1985) found their Ohio sample of high school students had a limited knowledge of AIDS. DiClemente, Zorn, and Temoshok (1986) reported students in the San Francisco area held a higher knowledge about AIDS and its route of transmission. In Illinois, those least knowledgeable about AIDS were also the ones most fearful of it and were from ethnic groups most at risk for AIDS; the Illinois residents who were least concerned or fearful of AIDS were those more likely to have higher educations and who knew more about the disease (IDPH, 1987). In a more recent study, Walters (1989), using a sample of undergraduate psychology students, found that students reported an extremely high knowledge of AIDS and related issues, but high knowledge did not affect changes in sexual behavior.

Royse, DHooper, and Hatch (1987a) sampled N=219 undergraduate and graduate students to assess their empathy for persons with AIDS. Academic status was not significantly associated with empathy for PWAs, but greater knowledge of AIDS and issues related to the disease did serve as a good predictor for greater empathy. Additionally, greater knowledge and greater

empathy were associated with lower fear of AIDS. This work was overwhelmingly comprised of social work majors and may not be representative of other samples. The Authors (Royse, DHooper, and Hatch, 1987a) concluded, however, that their data has an importance for increasing empathy. If people possess a greater knowledge of AIDS then perhaps their empathy will also increase.

In a related study, Royse and Birge (1987b) tested the effect of homophobia on attitudes towards persons with AIDS. Homophobia was inversely related to empathy, explaining over one third of the variance for empathy (R^2=.39). In this study Royse and Birge (1987b) found greater homophobia was associated with greater fear of AIDS. Royse and Birge (1987b) concluded that empathy for persons with AIDS is affected by degree of homophobia.

The current study explored empathy towards persons with AIDS. Subjects in the Royse and Birge (1987b) sample were in health professions (nursing and medical students). It was questioned whether in other samples greater knowledge about AIDS would be associated with greater empathy. Since college students are learning to developmentally manage their sexual emotions (Chickering, 1969), they may be more influenced by their homophobia than might older students enrolled in medical or graduate nursing programs. Students who read an article on homosexuality or who interact with homosexuals have been found to change their opinions positively or negatively (Nass and Fisher, 1988, p. 161; Lance, 1987). Therefore, homophobia as a factor may vary situationally.

The first part of this study involved pretesting subjects on two scales. Knowledge of AIDS scales reported in the literature are either lacking psychometric data or are comprised of questions outdated and are therefore inappropriate. The inter-item correlation coefficients for empathy reported by Royse were considered low (.73) and not based on enough items. New questionnaires were constructed and administered for knowledge and empathy. Data were collected from N=250 students, 125 of each gender. One item was dropped from the empathy scale and two items were dropped from the AIDS knowledge test. These scales provided inter-item correlations and reliability coefficients about .80. A factor analysis revealed that there were three factors highly influencing empathy. I have named these three clusters social rights, willingness to help, and true empathy. These factors also came out in the second phase of the study.

In the second phase of the experiment six vignettes were created. Each described a character who had somehow contracted AIDS. Three vignettes featured a female character named Debbie and three featured a male character named David. Two vignettes focused on children. One of these featured a child who developed AIDS from receiving an HIV infected blood transfusion. The other vignette described a child who received AIDS perinatally. The other four vignettes featured adult characters, two men and two women. Two vignettes stated that the character had AIDS and suggested that he/she most likely received AIDS as the result of some sexual relationship. The final two vignettes each featured adults who most likely contracted AIDS from participating in IV drug use. A seventh group received a commentary on gay men and

their sexual behaviors as homosexuals. I wanted to see if reading this vignette would alter the empathy subjects have for persons with AIDS. This vignette was constructed from different pamphlets written by Dr. Paul Cameron. They are graphically sexual, are extremely negative, and are based on research many professionals call questionable at best. The final group served as a control group and did not receive any vignette. All groups completed the Knowledge of AIDS test and the empathy inventory adjusted from pre-testing. Each subject also completed the Index of Homophobia Profile by Hudson and Rickets (Davis, Yarber, and Davis, 1988). This widely-used index reports a Chronbach alpha of .90 and current criterion validity of .53. Finally, all subjects were asked to answer some biographical questions.

Descriptive statistics and percentiles from these data are themselves interesting. As can be seen from the table, some variability exists in the knowledge students have about AIDS. At this point in our history, 43 subjects (15%) did not know that AIDS is caused by a virus. Forty students believe that casually kissing someone with AIDS can result in contagion. Twenty percent believe most gay men have AIDS. Twenty-five percent think donating blood or plasma makes one at risk for AIDS and that it has become the number one U.S. killer. Fifty-seven percent inaccurately believe that the original cause of AIDS is known and 20% believe receiving blood or blood products accounts for the way most PWAs contracted HIV. Seventeen percent of subjects responded that domestic pets like dogs, cats and hampsters can transmit AIDS. Eight-five percent (85%) of this

sample did not know that anal sex is more dangerous for transmitting AIDS than is vaginal sex. Although some authorities question the true existence of AIDS-Related Complex (ARC), exactly half of these subjects (n=140) believe persons with ARC do not go on to develop AIDS or die.

The IHP mean for all subjects was 70 (out of 100) and the standard deviation was 17.5. (Males=73.96; Females=66.01). When I took out the four outliers, who, coincidentally, were also the four self-reported homosexuals, the means by gender changed. For males the new mean was 75.25 (females=66.30). Hudson and Ricketts associate the scores greater than 75 as representing "strongly homophobic" feelings/attitudes. I mention this only to validate my point that this Georgia sample is extremely homophobic. In fact, homophobia in this study accounted for no less than 35% of variance in any of the measures in which it was included.

Correlations between Knowledge of AIDS, Empathy for persons with AIDS and the Index of Homophobia Profile were all significant. High homophobia is significantly associated with lower knowledge of AIDS and less empathy for persons with AIDS. Knowledge and empathy are positively associated with each other. The more knowledgeable someone is about AIDS the more likely he or she will exhibit empathy for persons with AIDS.

Most of the correlations among the biographical variables and the dependent variables were also significant. Greater empathy is found if subjects know of someone who they feel is at risk for AIDS, is infected with HIV, has AIDS, or are good friends with a homosexual. Less homophobia was associated with

students who know someone infected with HIV, has AIDS, or are good friends with a homosexual. Interestingly, persons who admitted they were at risk for AIDS also knew the most about AIDS. Whether the subjects believe they are at risk because they employ risky behaviors or just because they are sexual we can't tell from this study.

Empathy seems to vary situationally. ANOVA measures were used to compare the means on empathy from the different vignettes. Scheffe comparisons indicate children receive more empathy regardless of how they were infected. Adult women also are worthy of subjects' empathy. But adult men receive none, or, at least, none in a statistical sense. If you are an adult male it matters not if you received AIDS from gay sex or shooting drugs. You were not likely to receive empathy from this sample. Also of interest is how the graphically sexual vignette panned out. As you might expect, student reading this vignette had the lowest empathy overall. Further analyses on these factors are still underway.

A regression analysis was done using knowledge and homophobia as predictors on empathy. The regression was significant and explained 40% of the variance using these variables. Hence, it seems likely that to increase empathy, one might take into consideration both knowledge about AIDS and the degree to which someone is homosexually biased.

There are several limitations to this study. First, all of the factor analyses have not been completely analyzed. It could be that specific components of empathy are associated with

variables not tested in this experiment. Second, there is probably not a one-to-one relationship between characters in vignettes and real people. It may very well be the case that empathy might be high even for someone lacking knowledge and who is extremely homophobic if that person is personally confronted with a genuine person suffering illness and facing death. Third, there was a disproportional amount of students who claimed they were heterosexual. Four out of 280 students is hardly near the conservative estimate of 10% of the population. But research tells us that the acceptance of one's own homosexuality is a developmental process (Remafedi, 1987). Gay and lesbian college students are usually not comfortable with the idea until they are juniors or seniors. Since this sample was comprised overwhelmingly of first-year students and sophomores, it may be that some students are not yet ready to identify themselves as homosexuals. Data for these same students in two or three years could be very different.

Despite these limitations to the study, several items are of interest. It seems clear that there are some dimensions of AIDS about which students continue to know very little. The fact some subjects believe AIDS can be transmitted by house pets is cause for continued efforts of education. If HIV continues to nest itself into greater numbers of the population, then the likelihood that college students will know someone who is seropositive or has AIDS becomes greater. At this point it seems sad that 25% of this sample believe donating blood makes one at risk for AIDS. But it is dangerous that 85% do not know the hazards associated with anal intercourse and its role in HIV transmission. Clearly

more education on our particular campus is needed.

Homophobia permeated all measures in this study. It is associated with greater fear of AIDS, less knowledge of AIDS and less empathy for persons who have AIDS. As a variable in the regression analysis, homophobia accounted for 37% of the variance in predicting empathy. It seems probable that some type of sensitization process to homosexuality would foster more tolerant attitudes among students. With a mean in the "strongly homophobic" category, we have no where to go but up. A more accepting and less defensive reaction to sexuality between members of the same gender might increase the learning that some students deliberately resist because they perceive AIDS as a gay phenomena.

And so I have little choice but to remain that man who shows "those movies," who confronts inaccurate statements about AIDS and homophobia, who is whispered about and pointed at at the bus stop, and who demonstrates condoms on bananas to residence hall groups and Greek-letter organizations. If students are deciding that only certain groups deserve empathy then my work is far from over.

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Percentages for Correct Knowledge About AIDS Instrument

Item	True	False
1. AIDS is a medical condition in which the body cannot fight off diseases	97.9 (274)*	2.1 (6)
2. AIDS is caused by a virus	84.6 (237)*	15.4 (43)
3. Stress can cause AIDS	.7 (2)	99.3 (278)*
4. If you kiss someone with AIDS you can get the disease	14.3 (40)	85.7 (240)*
5. Most gay men have AIDS	20.4 (57)	79.6 (223)*
6. Touching someone with AIDS can result in getting the disease	1.1 (3)	98.9 (277)*
7. AIDS can be transmitted from a woman to a man during sex	96.8 (271)*	3.2 (9)
8. AIDS can be cured	1.1 (3)	98.9 (277)*
9. Women are more likely to get AIDS during menstruation (their periods)	22.5 (63)	77.5 (217)*
10. Donating blood or plasma makes one at risk for contracting AIDS	25.4 (71)	74.6 (209)*
11. AIDS has become the number one U.S. killer	24.3 (68)	75.7(212)*
12. Women can receive AIDS by artificial insemination	46.4 (130)*	53.6 (150)
13. AIDS is caused by the same virus that causes VD	5.0 (14)	95.0 (266)*
14. The cause of AIDS is unknown	42.9 (120)*	57.1 (160)
15. Just being around someone with AIDS can give you the disease	2.1 (6)	97.9 (274)*
16. If a pregnant woman gets AIDS there's a chance her baby will have it, too	97.1 (272)*	2.9 (8)
17. Bisexual men are not as likely to get AIDS as are homosexual men	17.1 (48)	82.9 (232)*
18. People who get AIDS usually die	8.2 (23)*	91.8 (257)
19. Sex can transmit AIDS from one person to another	100.0 (280)*	
20. Receiving blood or blood products accounts for the way most persons with AIDS got the disease	31.4 (88)	68.6 (192)*
21. Condoms can reduce the risk of AIDS	98.6 (276)*	1.4 (4)
22. Gay women are at risk for AIDS	77.5 (217)*	22.5 (63)
23. Despite the news media to the contrary, intravenous needle sharing does not account for as many cases of AIDS as it would seem	10.7 (30)	89.3 (250)*
24. The reason why most people die of AIDS is because they don't realize they have it; if treated early enough AIDS is not fatal	6.1 (17)	93.9 (263)*
25. AIDS can be transmitted by mosquitoes or domestic pets like cats, dogs, or hamsters	17.1 (48)	82.9 (232)*
26. Shaking hands or sharing the same drinking cup with a person with AIDS can result in AIDS	7.5 (21)	92.5 (259)*
27. Vaginal sex is just as dangerous as anal sex for transmitting AIDS	84.6 (237)*	15.4 (43)
28. AIDS Related Complex (ARC) is similar to AIDS only people with ARC do not die of AIDS	50. 0 (140)	50. 0 (140)*

*Asterisk denotes correct response.
Actual frequencies in parentheses.

1. I know of someone who I believe is at risk for contracting AIDS.

	TRUE	FALSE
MALES	62	69
FEMALES	76	73
	49.3%	50.7%

2. I know of someone who is infected with HIV, the AIDS Virus

	TRUE	FALSE
MALES	9	122
FEMALES	21	128
	10.7%	89.3%

3. I know of someone who has AIDS.

	TRUE	FALSE
MALES	11	120
FEMALES	17	132
	10%	90%

4. I know someone who is a homosexual.

	TRUE	FALSE
MALES	90	41
FEMALES	114	35
	72.9%	27.1%

5. I am good friends with someone who is a homosexual.

	TRUE	FALSE
MALES	12	119
FEMALES	31	118
	15.4%	84.6%

6. I am at risk for AIDS.

	TRUE	FALSE
MALES	28	103
FEMALES	26	123
	19.3%	80.7%

7. I am a homosexual.

	TRUE	FALSE
MALES	3	128
FEMALES	1	148
	1.4%	98.6%

8. My College status is:

	Males	Females	
First-year student	89	99	67.1%
Sophomore	26	29	19.6%
Junior	12	16	10.0%
Senior	4	5	3.2%
	46.8%	53.2%	
	131	149	

Pearson Correlation Coefficients

	Empathy	IHP	Knowledge
Empathy	1.00000	-.59946	.21307
	.00000	.00001	.00003
IHP	-.59946	1.00000	-.21457
	.00001	.00000	.0003
Knowledge	.21307	-.21457	1.00000
	.00003	.00003	.00000